

STANDARD CERTIFICATE OF DEATH

State File No. 34162

FILED OCT 28 1952

BIRTH NO. _____		REG. DIST. NO. <u>14</u>		PRIMARY REG. DIST. NO. <u>4029</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mindenmines</u>		c. LENGTH OF STAY (in this place) <u>16 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mindenmines</u>		<u>0060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jessie</u>		b. (Middle) <u>Estella</u>		c. (Last) <u>Carter</u>	
4. DATE OF DEATH		(Month) <u>Oct</u>		(Day) <u>23</u>		(Year) <u>1952</u>	
5. SEX <u>fe</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 25, 1876</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife (ret.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Streator, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Smalley</u>		13b. MOTHER'S MAIDEN NAME <u>Ester Mariner</u>		14. NAME OF HUSBAND OR WIFE <u>James L. Carter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		(If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wesley Carter</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Asthma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Disease</u>				<u>5 yrs.</u>	
		DUE TO (c) <u>Coronary Sclerosis</u>				<u>10 yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dehydration Acidosis</u>				<u>2 wks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Full medical assistance due to religion.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>Aug. 26</u> , 19 <u>52</u> , to <u>Oct. 23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept. 25</u> , 19 <u>52</u> , and that death occurred at <u>12:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. H. Kneeland, D.O.</u>		(Degree or title)		23b. ADDRESS <u>Liberal, Mo.</u>		23c. DATE SIGNED <u>Oct. 24-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Oct. 26, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakton</u>		24d. LOCATION (City, town, or county) (State) <u>Oakton (Barton Co.) Mo.</u>	
DATE REC'D BY LOCAL REG. <u>October 24 1952</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Berkeley</u>		ADDRESS <u>Mulberry Lane</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

J. M. Berkeley

Signed
Student Embalmer

Licensed Embalmer No. *2236*

P. O. Address *Millberry Lane*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.